

# Group Peer Review Our Northwest Experience



# What is Peer Review?

The way to monitor the standard of enquiry answering provided by Medicines Information services against the national UKMi enquiry answering standard.

The recommendation is that as part of the QA programme, all MI centres undertake regular peer review as an additional tool to reduce the risks associated with the enquiry answering processes.

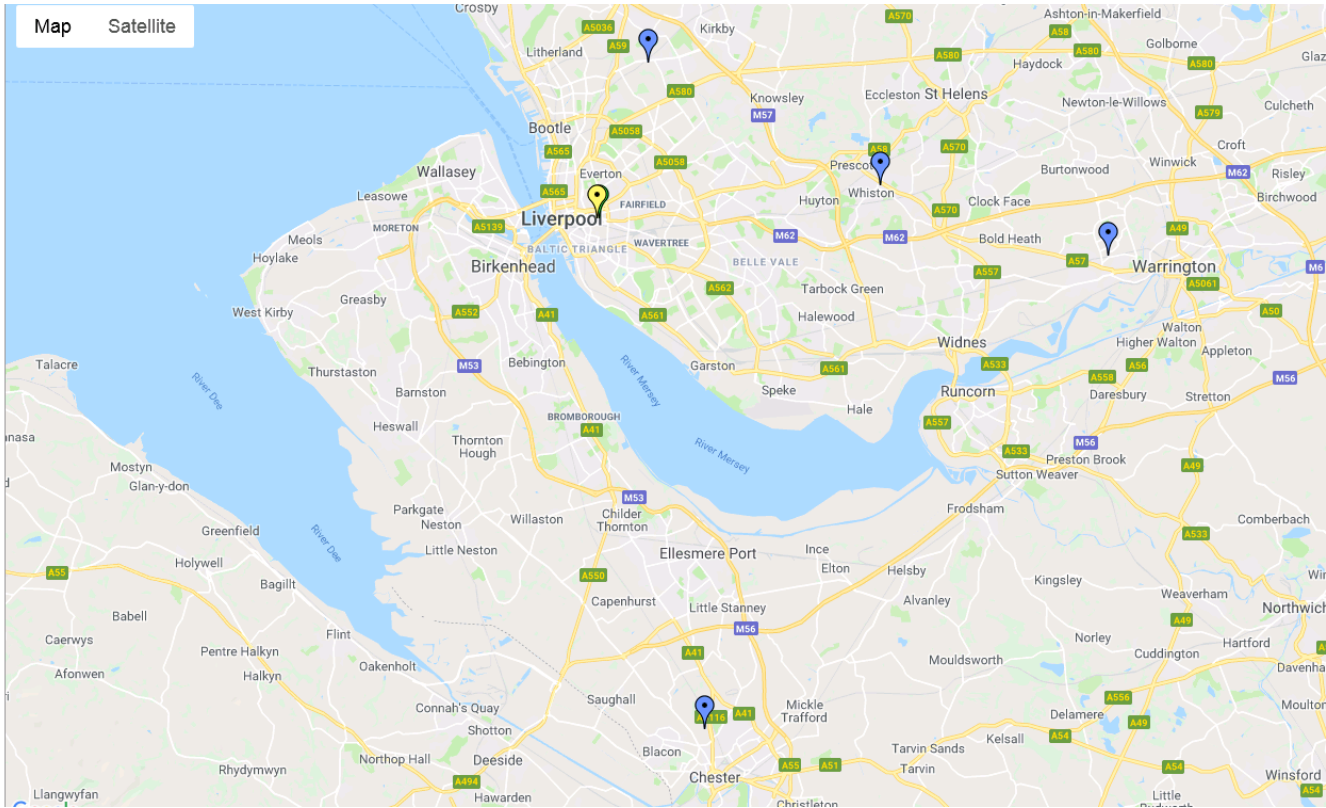
# Are we compliant?

- In January 2016, four local MI centres in the North West of England decided to take joint action and set up a peer review group.
- Most were not undertaking and regular external peer review prior to these meetings
- Internal peer review sessions varied considerably between the centres

# What you will need....

- One organiser – currently Sue Smith, Aintree
- Three other enthusiastic and willing MI centres
- Central meeting location or teleconference facilities
- Enquiries!

# Where to meet?



# Role of the organiser

- Doodle poll dates for meetings
- Arrange meeting room availability
- Arrange who is reviewing whose enquiries

MI centre	Meeting 1- Review enquiries from the following centre	Meeting 2- Review enquiries from the following centre
1	2	3
2	1	4
3	4	1
4	3	2

- Email group with confirmed date and where to email their enquiries to
- Send reminder emails closer to the date

# What happens next...

- Meetings are arranged on a quarterly basis
- Each centre randomly selects two level 2/3 enquiries from MI databank for each meeting
- Enquiries are anonymised and sent in advance to the centre allocated to them for that meeting
- Each centre reviews enquiries prior to the meeting using a peer review scoring and comment sheet

# Our results so far..

- To date we have had 8 meetings and discussed a total of 64 enquiries
- It has been a positive experience for everyone involved with the process and after each meeting a number of valuable learning and discussion points have been raised
- Findings are fed back and discussed



# Learning points

- ✓ Identifying useful resources not being used routinely:
  - Clinical Knowledge Summaries
  - UKMI Q and As
- ✓ Identifying which enquiries would benefit from literature searching with Embase and Medline
- ✓ Requesting specialist advice from medical teams or tertiary centres when enquiry is a complex clinical case
- ✓ Discussing the levels of complexity assigned to enquiries, many enquiries had been assigned lower levels than others thought warranted

# Further learning points

- ✓ Patient confidentiality issues when replying to non – NHS email addresses
- ✓ Availability of translated SPCs for unlicensed medicines
- ✓ Using the most up to date SPC on EMC website rather than defaulting to the market leader. However also being wary that different companies can have different information on their SPCs for the same drug and also that different SPCs for different strengths of the same drug from the same company can also differ!

## ✓ Good Practice Points

— Always include a disclaimer re yellow card data if including this as part of your answer

## ✓ General Discussions

— How much information should MI pharmacists record regarding patients concomitant medicines when asked about a specific drug interaction?

# Troubleshooting..

- Finding suitable dates for all centres involved can be difficult
  - arranging future dates immediately after each meeting has been successful so far
  - Doodle poll is very useful!
- Finding time out of busy schedules to attend meetings and to review each others enquiries is an ever increasing problem with other additional pressures and high workloads. To address this:
  - meetings have been limited to 2 hours, which allows for 15 minutes discussion per enquiry.
- Finding a suitable location for meetings can create difficulties, however we have been able to arrange all meetings at the NWMI regional centre.

# Any questions?

